



Appointment or Reappointment as Designated Aviation Medical Examiner, Designated Aviation Ophthalmologist or CASA Approved Aviation Consultant

CASR 67.025

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OR



Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to DAME.liaison@casa.gov.au.

Purpose of this form

Use this form to apply to CASA for appointment or reappointment as a Designated Aviation Medical Examiner (DAME), Designated Aviation Ophthalmologist (DAO) or CASA Approved Aviation Consultant (CAAC).

Who is this form for?

This form is for registered medical professionals applying for appointment as a Designated Aviation Medical Examiner (DAME), Designated Aviation Ophthalmologist (DAO) or CASA Approved Aviation Consultant (CAAC).

Information needed to complete this form

You are required to provide the following:

For initial applications:

- Certified copy of Aviation Medicine training certificate
- Certified copy of Specialist Fellowship Certificate (if applicable)
- Certified copy of AHPRA Registration
- Curriculum Vitae
- Colour photograph

For renewals:

- Current AHPRA Registration (including Specialist category if applicable)
- Evidence of compliance with Aviation Medicine currency requirements for your category (CPD statement or refresher course certificate - refer to CASA Avmed website for requirements)
- Colour photograph

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

For more information

Go to the [CASA website](#) or [contact us](#).

Applicant

1 What are **your** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Your **title**, **family name/surname** and **gender** will be published on the CASA website.

Title

Miss

Mrs

Ms

Mr

Prof

Dr

Family name/surname

First given name(s)

ARN

Date of birth (DD/MM/YYYY)

/ /

Gender identity

Male

Female

Undefined

Contact details

2 What are your **contact** and **postal address** details?

Phone number

Email address

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)



Attach coloured photograph

3 What is the **appointment type** (select one)?

DAME

DAO

CAAC

Specialty Field:

4 What are you **applying** for (select one)?

New Appointment

➔ [Go to 6](#)

Reappointment

➔ [Go to 5](#)

5 What is your **examiner number**?

Qualifications and experience

6 From which university or medical school did you obtain your qualification?

Qualification obtained



Attach certified copy of qualifications

7 What higher qualifications have you obtained?

DAO applicants must attach FRANZCO or equivalent.

DAME/DAO applicants must attach CASA aviation medicine regulatory course certificate.

CAAC applicants must attach FRACP (or equivalent recognised by AMC).




Attach higher qualifications

8 What is your type of practice and/or registered specialty?



Attach evidence of current medical registration

9 What experience do you have in aviation medicine?

 **Attach copy of curriculum vitae**

10 Are you a pilot?
No ➔ **Go to 12**
Yes ➔ **Go to 11**

11 What is your pilot licence category?
ATPL
CPL
PPL
RPL

12 What are your current professional memberships (select all that apply)?
ASAM
AMSNZ
ASMA
ICASM
ESAM
Other (specify)

 **Attach copy of membership certificates**

13 What affiliation(s) do you have with aero/space medical organisations?

14 Are you approved to conduct medicals for overseas flight crew licencing authorities?
No ➔ **Go to 16**
Yes ➔ **Go to 15**

15 Which country/countries are you approved in?

Continuing professional development

16 What aeromedical meetings have you attended in the last three years?

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

Date attended (DD/MM/YYYY)

/ /

Organisation


Location

Date attended (DD/MM/YYYY)

/ /

Organisation

Location

 **Attach copy of attendance certificates**

Practice detail(s)

17 What are your practice detail(s)?

Your **website** and **physical location(s)** will be published on the CASA website.

Practice name

Average hours per week at this location

Physical address (including city, state/region, postcode, country)

Website address

Phone number

Fax number

Email address

Practice name

Average hours per week at this location

Physical address (including city, state/region, postcode, country)

Website address

Phone number

Fax number

Email address



**Attach additional pages or email
DAME.liaison@casa.gov.au to add
additional practice locations**

Practice staff

18 Which practice staff will need access to the Medical Records System (MRS)?

Please list any nurses, receptionists or other staff that require access. Each staff member will **require** an individual ARN

Title

Miss

Mrs

Ms

Mr

Prof

Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)

Title

Miss

Mrs

Ms

Mr

Prof

Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)

Title

Miss

Mrs

Ms

Mr

Prof

Dr

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Position/role (Nurse, Receptionist)



**Attach additional pages or email
DAME.liaison@casa.gov.au to add additional
practice staff to your designation**

Application checklist

19 Select/specify attachments:

New appointment

All:

Colour photograph is attached

Evidence of Current Medical Registration is attached

CASA regulatory course certificate is attached (e.g. ASAM approved DAME Course and/or Certificate attendance

CASA approved Armed training)

Curriculum vitae is attached

DAO Specific:

Certified copy of specialist qualification FRANZCO is attached

DAME Specific:

Certified copy of any specialist qualification is attached (e.g., FRACGP, FACRRM, FAFOEM, FRACP)

CAAC Specific:

Certified copy of specialist qualification relevant to application is attached (e.g., FRACP, FRANZCP, FACHAM)

Reappointment

Colour photograph is attached

Evidence of Current Medical Registration is attached

CASA CPD certificate is attached e.g. ASAM approved course and/or certificate attendance CASA approved

Armed training

If other please specify:

This area has been intentionally left blank

20 I declare that:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application.

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- I have read the [Conditions of Appointment](#), if designated, I agree to comply with the Conditions. Upon my designation, this declaration shall constitute my acknowledgment for the purposes of subparagraph 4 (xii) and respective authorisation for purposes of subparagraphs 4 (xv) and (xvi) of the Conditions.
- I understand that it is a condition of my appointment, that I comply with the requirements of the code of conduct for DAMEs, DAOs and COs as prescribed by section 11.1 of the DAME Handbook.
- I have read that code of conduct, and agree to perform my responsibilities and duties in accordance with its requirements.
- If requested by CASA, I agree to provide to CASA a virtual tour of my facilities and equipment.
- I have attached all required documentation specified in the application checklist.

Privacy

Any personal information you provide to CASA, as part of this application is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA

OPTION 1 By email



Send this form with all supporting documents attached to DAME.liaison@casa.gov.au

OPTION 2 By post



Return this form and all supporting documents to:

CASA Aviation Medicine

GPO Box 1544

Canberra City ACT 2601

Alternatively fax completed form to (02) 6217 1640.